

## **APPLICATION FOR REFUND**

DMV USE ONLY RECEIVED AND DESTROYED STICKER NO. HERE								
YEAR								
WARRANT NO. (ACCOUNTING USE ONLY):								
DATE DMV RECEIVED REFUND REQUEST								
BUSINESS INDICATOR:								
□ B □ I								

				(PART 2)	WARRANT NO. (ACCOUNTING USE ONLY):				
Depar	<b>be submit</b> tment of M Box 942869	otor Vehicles				DATE DMV RECEIVED REFUND REQUEST  BUSINESS INDICATOR:			
Sacramento, CA 94269-0001						B	□ I		
1. NAME	(LAST, FIRST,	MI)		APPLICANT	INFORMATION				
2. MAILING ADDRESS					3. CITY		STATE	ZIP	
4. VIN/H	IN (LAST 3 CHA	RACTERS)	5. REFUND REGA	5. REFUND REGARDING (COMPLETE NAME)		6. LICENSE, ACCOUNT OR RECEIPT NO.		DRIVER MISC.	
7. DATE FEES WERE PAID (MM/DD/YYYY)			8. OFFICE WHERE FEES WERE PAID		9. WERE FEES PAID BY CREDIT CARD?  Yes No		10. AMOUNT OF CLAIM		
		s is being requeste nilitary and not a		ent. (Please attach co	ompleted and sign	ed Certificate of	Nonresident Military E	Exemption form).	
☐ Vehicle/vessel left California on					and fees were paid on				
						and fees were paid on			
			paid on	DATE					
	Other (plea	se explain briefl	y).						
I CER		r penalty of pe	rjury under the	e laws of the State of the Stat	of California that	the foregoing i	is true and correct.  14. DAYTIME TELEPHON	IE NO.	
							( )		
				FOR DMV	USE ONLY		,		
SUB M FEE CLEARANCE DATE					REPORTING UNIT NO.	TYPE LICENSE TOTAL REFUND:			
Waive	CODES + er/County (008)	REFUND AMOUNT	FEE CODES - Waiver/Count		FEE CODES + Waiver/County	REFUND AMOUNT	FEE CODES + Waiver/County	REFUND AMOUNT	
A - P -	(031)								
T -	(083)								
В-	(084)								
Q -	(085)								
S - V -	(087)								
001									
002									
003									
00L-									
VL2-									
FTB	VLF OFFSET VLF PENA		IALTY OFFSET WA		DVALS (LEGIBLE SIGNATURE REQUIRED,		O) DAT	DATE	
				TECHNICIAI					
				SUPERVISO	DR .				
				MANAGER					

REBATE 2001 AMT PENALTY **2002** AMT PENALTY